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CONFIRMATION NO. 2471

<b>SERIAL NUMBER</b> 10/082,812	<b>FILING OR 371(c) DATE</b> 02/25/2002 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 1540/144
<b>APPLICANTS</b> James W. Simpkins, Fort Worth, TX;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/372,627 08/11/1999 PAT 6,350,739 which is a CIP of 09/179,640 10/27/1998 ABN which is a DIV of 08/749,703 11/15/1996 PAT 5,877,169 which is a CIP of 08/648,857 05/16/1996 PAT 5,843,934 which is a DIV of 08/318,042 10/04/1994 PAT 5,554,601 which is a CIP of 08/149,175 11/05/1993 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> <b>** SMALL ENTITY **</b> 03/21/2002				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>TB</i>	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 22  <b>INDEPENDENT CLAIMS</b> 9
<b>ADDRESS</b> 2101				
<b>TITLE</b> METHODS OF PREVENTION AND TREATMENT OF ISCHEMIC DAMAGE				
<b>FILING FEE RECEIVED</b> 705	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	